

Dec. 8. 2005 1:19PM

No. 6900 P. 1

**CRAIN  
CATON  
&  
JAMES**

A PROFESSIONAL CORPORATION  
ATTORNEYS AND COUNSELORS

TELEPHONE: 713.658.2323  
FACSIMILE: 713.658.1921

**RECEIVED  
CENTRAL FAX CENTER**

**DEC 8 2005**

17TH FLOOR  
FIVE HOUSTON CENTER  
1401 MCKINNEY STREET  
HOUSTON, TEXAS 77010-4035

**FAX COVER SHEET**

**TO: Commissioner of Patents  
United States Patent & Trademark Office**

**FAX #: 571.273.8300**

**FROM: James E. Hudson III**

**NUMBER OF PAGES: 3  
(INCLUDING COVER PAGE)**

**DATE: December 7, 2005**

**C/M#: 073957-000001**

**SUBJECT: Power of Attorney  
U.S. Pat. Appl. S/N 10/766,573**

Included with this transmittal for U.S. Pat. Appl. S/N 10/766,573 are:

1. Fax cover sheet (1 sheet)
2. Transmittal Form PTO/SB/21 (1 sheet)
3. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address PTO/SB/82 (1 sheet)

PLEASE CHECK TRANSMISSION AFTER THE LAST PAGE.  
IF YOU ARE NOT RECEIVING CLEARLY, OR IF YOU  
HAVE ANY PROBLEMS WITH THE TRANSMISSION,  
PLEASE CALL US BACK IMMEDIATELY AT 713.658.2323.

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED ABOVE AND UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE.

233-252726v1  
073957/000001

THANK YOU.

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0551-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/766,573	
	Filing Date	January 27, 2004	
	First Named Inventor	Oliphant, Zachary James	
	Art Unit	3635	
	Examiner Name	Nguyen, Chi Q	
Total Number of Pages In This Submission	3	Attorney Docket Number	073957-000001

**RECEIVED**  
**CENTRAL FAX CENTER****DEC 08 2005**

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Cover sheet
Remarks		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	Crain, Caton & James, P.C.	
Signature	<i>James E. Hudson III</i>	
Printed name	James E. Hudson III	
Date	November 14, 2005	Reg. No. 41,081

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO _____ the date shown below:		
Signature	<i>James E. Hudson III</i>	
Typed or printed name	James E. Hudson III	Date December 7, 2005

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DEC 08 2005

PTO/SB/22 (04-05)

Approved for use through 11/30/2005, OMB 0651-0035  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/766373
Filing Date	January 27, 2004
First Named Inventor	Oliphant, Zachary James
Art Unit	3635
Examiner Name	NGUYEN, CHI Q
Attorney Docket Number	073 957-000001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

30903

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

30903

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Geoffrey William Oliphant

Date

12/7/05

Telephone

832-244-2676

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.